



Federal Update for November 17 - 21, 2014



Military Retirement System Update ► End-of-Career Payout Plan

A proposal that would transform the military retirement system by promising smaller monthly checks but also giving troops a lump sum "transition pay" immediately upon retirement could turn out to be very popular among most service members, according to a new study. The study published Wednesday by the RAND Corp. think tank looked in detail for the first time at how today's 1.4 million active-duty troops might respond to a sweeping overhaul of the traditional military retirement system. The results suggest that many troops, given a choice, would prefer to take an end-of-career payout, probably amounting to about 2½ years of their annual basic pay, in exchange for smaller monthly checks during their so-called "working-age retirement" years before age 65.

The 223-page report delves into the controversial proposal for retirement reform that the Pentagon released in March. That plan would preserve the current system's defining feature of 20-year, "cliff-vesting," fixed-income payments. But it would ultimately provide smaller monthly checks. The new data suggests that transitioning to a new retirement system might not be as controversial as originally thought because today's troops might voluntarily embrace the new system — if it is designed well. Any change in military retirement will require congressional approval, which is unlikely to happen until next year at the earliest. The Defense Department's proposal is rooted in the belief that troops place more value on cash up front compared to the promise of technically more generous benefits doled out later in life.

To compensate career service members for smaller payments, DoD would offer three new cash payments long before old age — a 401(k)-style defined contribution benefit awarded to all troops who serve at least six years, a cash retention bonus at about 12 years of service and lump-sum "transition pay" given to separating troops who serve 20 years or more. All the variants of DoD's new

retirement proposal would save the military some money by ultimately reducing the retirement "multiplier" used to calculate monthly retirement checks. Virtually everyone agrees that troops serving today would be grandfathered under the current system. Yet some proposals suggest that currently serving troops could be permitted to voluntarily opt into a new system if and when it becomes law.

The new RAND study looked at how troops might respond to that choice under several variants of the proposed system. RAND uses complex computer models to estimate how thousands of troops will respond to individual career decisions. The new study concluded that the retirement system most attractive to service members is one that offers a large "transition pay" of up to three years of basic pay upon separation but would cap retirement checks for working-age retirees at no more than 25 percent of basic pay. The vast majority of enlisted members with less than 20 years of service would voluntarily opt into that retirement system if given a choice, according to the study. But RAND believes most officers with more than five years of service would choose to stay with the current retirement system. Troops would be far less likely to voluntarily opt into an alternative proposal that offers only modest transition pay — half a year of basic pay — and full monthly retirement checks during the working-age retirement years. In that case, volunteers for the new system would be found mostly among the most junior service members. No troops beyond seven years of service would likely choose to opt into a new retirement plan offering small cash transition payments. Under today's military compensation system, taxpayers set aside an accrual payment equal to about 42 percent of every service member's annual basic pay in order to cover the costs of future retirement payments. The defense budget would benefit from a retirement plan that encourages many of today's troops to opt in because it would allow Pentagon accountants to immediately reduce the amount of money required for those out-year accrual payments. [Source:

MilitaryTimes | Andrew Tilghman | Nov. 12, 2014 ++]

Selective Service System ► Women Draft Could be Next

As Norway became the first NATO country to require women to register for the draft this month, it has American military analysts debating whether the US could be on the verge of taking the same step, too. It was back in 1981 that the US Supreme Court ruled that requiring only men to register for the draft was

constitutional, since there were US laws that banned women from fighting in combat. Essentially, the argument went, since the purpose of registration for selective service – which all men must do at the age of 18, regardless of whether there is a draft in effect – is to prepare for combat, and women are excluded from combat, then they would not be needed in the event of a draft. But with the Pentagon’s decision to lift the ban on women in combat by January 2016 – and its move in recent months to open a number of jobs to female troops previously held only by men – those Supreme Court arguments from 33 years ago may no longer apply, analysts note, adding that mandatory registration for the draft may be the next logical step.

“It’s a social contract with democracy – that’s my take on it,” says Shelly Burgoyne, a former Army officer who served two tours of duty in Iraq during the war and believes women should be required to add their names to the Selective Service registry. “If you’re going to take advantage of all of the benefits of a democracy, then I think you should also bear the responsibility as well.” A former platoon leader running supply convoys, Ms. Burgoyne says she did not initially think that women should be allowed to serve in combat jobs and even wrote her senior thesis laying out the reasons why they shouldn’t. Her beliefs changed, she says, after her time in Iraq. “I saw women physically able to do it,” she says. “I did a full-on reversal – if you can do the job, then you can do the job.” A congressionally chartered association of US military reservists recently passed a resolution last year calling for the registration of women for the Selective Service as well, noting that 14 percent of active duty troops and nearly one-fifth of National Guard and Reserves are now women.

Even though 275,000 women have deployed to fight America’s recent wars, “an inequality exists between men and women between the ages of 18-26 under the Selective Service Act,” the Reserve Officers Association of the United States notes. “Women should be treated equally as responsible, competent, contributing members of America’s society. While men are required to register for the Selective Service, there has not been a draft in the United States since the Vietnam-war era. Pentagon brass strongly believes that the current all-volunteer force performs much better than a conscripted force would. The presence of women on the rolls has the potential to make a draft even less politically palatable. Yet there are other possibilities in the event of a national emergency in which the draft is activated, says retired Maj. Gen. Charles Dunlap, the former

deputy judge advocate general of the Air Force and now the executive director of the Center on Law, Ethics and National Security at Duke University School of Law in Durham, N.C. Congress might say, for example, that the national emergency requires 95 percent of draftees to be fighters, or infantry. A draft bill might argue that since, say, 95 percent of infantry troops are men, then the national emergency would require 95 percent of men to be called up, and 5 percent of women, Mr. Dunlap notes. In that case, the law might say that the 5 percent requirement could be filled by female volunteers, rather than conscripts, he adds. “There would be a relatively small number of women who would want to do it and be able to pass the test,” Dunlap argues. “Those that wanted to do it and could would be welcomed into the unit, because they would be extraordinary people,” he adds. “I don’t see thousands and thousands of women in the infantry.” [Source: The Christian Science Monitor | Anna Mulrine | October 28, 2014 ++]

DoD Suicide Policy Update ► Top Troop Death Cause in 2012 & 2013

War was the leading cause of death in the military nearly every year between 2004 and 2011 until suicides became the top means of dying for troops in 2012 and 2013, according to a bar chart published this week in a monthly Pentagon medical statistical analysis journal. For those last two years, suicide outranked war, cancer, heart disease, homicide, transportation accidents and other causes as the leading killer, accounting for about three in 10 military deaths each of those two years. Transportation accidents, by a small margin, was the leading cause of military deaths in 2008, slightly more than combat. The fighting in Iraq and Afghanistan accounted for anywhere from one out of three deaths in the military — in 2005 and 2010 — to more than 46 percent of deaths in 2007, during the height of the Iraq surge, according to the chart. More than 6,800 troops have died in Iraq and Afghanistan since 9/11 and more than 3,000 additional service members have taken their lives in that same time, according to Pentagon data. [Source: USA Today | Greg Zoroya | November 03, 2014 ++]

Veterans Group Backs Underdog Dem in Committee Race

By Martin Matishak - 11/14/14 03:55 PM EST, [The Hill](#)

An influential veterans group is backing the underdog Democrat in the race for the ranking member slot on the House Veterans' Affairs Committee in the next Congress.

The Iraq and Afghanistan Veterans of America (IAVA) on Friday endorsed Rep. Tim Walz (D-Minn.) over the more senior Rep. Corrine Brown (D-Fla.) in the race for top Democrat on the committee.

Walz, "having served for 24 years in the Army National Guard, is the highest ranking enlisted service member to ever serve in Congress, and his military experience has and will continue to significantly enhance the caucus's contributions to this committee," IAVA founder Paul Rieckhoff said in a letter to the House Democratic Caucus. It is "critical that the caucus support and select the most qualified member of the committee to serve as its ranking member," he said.

House Minority Leader Nancy Pelosi (D-Calif.) has already backed Brown in the race, and Democrats tend to protect seniority when it comes to committee assignments.

[THE HILL 11-12-14: Why I Seek to Serve as Ranking Member of the VA Committee](#)

By: Rep. Tim Walz

Following in the footsteps of my father, I volunteered at age 17 to join the U.S. Army National Guard because I believed in something greater than myself — the ideals on which our country was founded: self-governance, freedom and opportunity for all.

I retired from the military 24 years later as command sergeant major (CSM). In that role, my sole mission, much like that of the House Veterans' Affairs (VA) Committee, was to take care of our troops.

Since my election to the House in 2006, I have carried on the duties of a CSM and made taking care of veterans my top priority. In order to take care of our nation's

heroes, I knew I had to become an expert on veterans policy and gain the respect of veterans and their advocates across the country.

With four terms on the VA Committee — along with my 24 years of service in the military — I have a combined total of 32 years of real-world seniority, learning and advocating for our nation's veterans and their loved ones.

I understand that, due to the rules in the Democratic Caucus, my military service isn't counted toward seniority for the top spot on the VA Committee; only time served on the committee counts. While I may not have the most seniority on the committee, I believe my military service matters. It is my combined experience in both the military and in Congress that I believe makes me the most qualified person to become ranking member of the House Committee on Veterans' Affairs. I have utilized my time on the VA Committee to make a meaningful difference, informed by my past experience. I am proud to fight the scourge of veteran suicide with the Clay Hunt SAV Act, advocate for Vietnam veterans exposed to Agent Orange and to have co-founded the bipartisan, bicameral Congressional Veterans Jobs Caucus, which works with employers to promote the hiring of veterans. Earlier this year, I was also proud to help pass a measure to reform the VA healthcare system, but I understand that this is a first step in the process. An essential question for any chairman or ranking member is, what's next? Service-connected disability compensation, burial benefits and medical care provided by the Department of Veterans Affairs (VA) are a part of our sacred contract with the men and women who have served in uniform. As a Congress, we must continually evaluate and improve these earned benefits in a bipartisan fashion to ensure veterans are put first.

If given the honor to serve as ranking member, a top priority for me would be continuing the fight to reform the VA healthcare system to ensure every eligible veteran is getting patient-centered, timely medical care.

I also believe the VA should have a long-term plan for the future, which may seem obvious but is something that is not done at the VA currently. That is why I have advocated for the VA to implement a strategic quadrennial review, similar to the strategic planning done at the Department of Defense, which will allow the VA to provide better care and benefits for veterans.

I seek out this leadership role on the House VA Committee today for the same reasons I sought to serve in the past — not to put members in an uncomfortable position, but to be a part of something larger than myself.

Our VA system is in crisis. With more than 1 million veterans returning home in the coming years, enormous challenges lay on the horizon. Now more than ever, Democrats and our nation's veterans need the most experienced, strongest advocate to lead the VA Committee and address these challenges head-on. I believe I am that advocate, and I want to put my 32 years of experience to work representing Democrats on the committee, and more importantly, working collaboratively to improve the lives of our heroes returning from war.

POW/MIA Recoveries

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,539) Korean War (7,877), Cold War (126), Vietnam War (1,642), 1991 Gulf War (0), and OEF/OIF (6). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to http://www.dtic.mil/dpmo/accounted_for. For additional information on the Defense Department's mission to account for missing Americans, visit the Department of Defense POW/Missing Personnel Office (DPMO) web site at <http://www.dtic.mil/dpmo> or call or call (703) 699-1169. The remains of the following MIA/POW's have been recovered, identified, and scheduled for burial since the publication of the last RAO Bulletin:

Vietnam

- Capt. Richard L. Whitesides, U.S. Air Force, 19th Tactical Air Support Squadron, 34th Tactical Group, 13th Air Force. On March 26, 1964, the Air Force L19 observation plane flown by CAPT Whitesides and U.S. Army Special Forces co-pilot CAPT Floyd J. Thompson was downed by small arms fire about 20 kilometers from Thompson's Special Forces Camp near Quang

Tri, South Vietnam. Thompson survived the crash, suffering burns, a bullet wound across the cheek and a broken back, and was quickly captured by the Viet Cong. Capt. Whiteside, the pilot of the aircraft, was not found. Aerial search and ground patrols failed to find a trace of the aircraft. This was before the excellent search and rescue programs which would recover so many downed pilots had been implemented in Southeast Asia. Whiteside was declared dead on [March 27, 1965](#) and [his remains were unaccounted for until](#) Oct. 21, 2014. He will be buried with full military honors in his hometown on a date yet to be announced.

Korea

- The Department of Defense POW/Missing Personnel Office (DPMO) announced 10 NOV that the remains of a U.S. soldier, missing from the Korean War, have been identified and will be returned to his family for burial with full military honors. Army Sgt. Michael J. Barra, 18, of Ithaca, N.Y., will be buried Nov. 22, in Ithaca, N.Y. In late November 1950, Barra was assigned to Company C, 2nd Engineer Battalion, 2nd Infantry Division (ID), which was deployed north and northeast of Kunu-ri, North Korea, when their defensive line was attacked by Chinese forces, forcing the unit to withdraw to a more defensible position. Before they could disengage, the 2nd ID was forced to fight through a series of Chinese roadblocks, commonly known as "The Gauntlet." Barra was reported missing in action after the battle. Returning American soldiers who had been held as prisoners of war and released after the Armistice, reported that Barra had been captured Dec. 1, 1950, by Chinese forces and died Feb. 20, 1951, in a prisoner of war camp, known as Camp 5, in Pyokdong, North Korea. Between 1991 and 1994, North Korea turned over to the U.S. 208 boxes of human remains believed to contain more than 400 U.S. servicemen who fought during the war. North Korean documents, turned over at that time, indicated that some of the remains were recovered from the vicinity where Barra was believed to have died. To identify Barra's remains, scientists from the Joint POW/MIA Accounting Command (JPAC) and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, to include two forms of DNA analysis; mitochondrial DNA, which matched his sister and brother and Y-STR DNA, which matched his brother.

- Pfc. Anthony R. La Rossa, U.S. Army, Company L, 3rd Battalion, 38th Infantry Regiment, 2nd Infantry Division, was lost Feb. 13, 1951, in North Korea. He was accounted for Oct. 20, 2014. He will be buried with full military honors in his hometown on a date yet to be announced.
- Master Sgt. Francis H. Stamer, U.S. Army, Company M, 3rd Battalion, 8th Cavalry Regiment, 1st Cavalry Division, was lost on Nov. 2, 1950, in North Korea. He was accounted for Oct. 29, 2014. He will be buried with full military honors.

World War II – None

[Source: http://www.dtic.mil/dpmo/news/news_releases/ November 13, 2014 ++]

VA Budget 2015 Update ► VASEC Says Additional Funds Needed

The Veterans Affairs Department says the \$16.3 billion lawmakers approved earlier this year to meet rising patient demand won't be enough to sustain care for Iraq and Afghanistan war veterans in the coming decades.

“We need more,” VA Secretary Robert McDonald said during a Christian Science Monitor breakfast 5 NOV. He predicted that “40 years from now is going to be the peak need of the veterans who fought in Afghanistan and Iraq, so we need to start building that capability now and we’re going to be asking for budget increases in order to do that.” He said that most Americans think that because those wars are winding down “we don’t need to worry about the VA,” but pointed out that the agency is still caring for a dependent from the Civil War and 100 dependents from the Spanish-American War.

In July, then-acting VA chief Sloan Gibson announced the department needed \$17.6 billion in new funds over the next three years to correct poor patient handling and wait times. The announcement nearly scuttled negotiations between House and Senate lawmakers on a bill to revamp the VA following months of scandals over veteran care. Lawmakers eventually settled on legislation with a price tag of \$16.3 billion. The bill provides \$10 billion for veterans to seek private care at hospitals and clinics outside the VA, and \$5 billion for the department to hire more doctors, nurses and medical staff. Another \$1.5 billion

could be spent on leases to use other medical facilities at 27 sites around the country. But it has been unclear how long the \$10 billion funding will actually last and when the VA will need to go back to Congress for additional money. A new request could fall on deaf ears as lawmakers return to Washington to hammer out fiscal 2015 spending bills and look toward 2016.

McDonald did not say how much more his agency would need, but that some of the things that had been cut from the original request included hiring more employees to work disability claims and additional funding for a homeless veterans program. He noted the "good news" that the VA budget has increased every year under President Obama but said "it's going to have to keep rising because that curve is heading on a slope up. It's not steady and it's not flat." McDonald said that veterans today submit to the VA for treatment an average of six times, whereas they averaged only one following World War II. The agency has also received more claims from veterans who have been exposed to Agent Orange or experienced traumatic brain injury or post-traumatic stress disorder "before the science was available," he said. [Source: The Hill | Martin Matishak | November 06, 2014 ++]

Walz Statement on VA Committee

Washington, DC [11/19/14] – Today, Representative Tim Walz released the following statement about the VA Committee Ranking Member race.

"We are obviously disappointed, but this has always been about doing all I can to advocate for and serve veterans and their families. I will continue to do that. I appreciate the support I received from Democratic Members of Congress and veterans and their advocates, including IAVA, NGAUS, and NACVSO. I congratulate Rep. Brown on becoming Ranking Member of the VA Committee and wish her the best."

Walz accepted an offer late this afternoon to remain on the VA Committee in the 114th Congress.

VA Choice Act Update ► 1,000 Employees Face Disciplinary Action

The Veterans Affairs Department is considering disciplinary action against more than 1,000 employees as it struggles to correct systemic problems that led to long wait times for veterans seeking health care and falsification of records to cover up delays, VA Secretary Robert McDonald said. In an interview with the CBS News program "60 Minutes," McDonald said the VA is taking "aggressive, expeditious disciplinary action, consistent with the law" against more than 1,000 of its 315,000 employees. McDonald said the disciplinary report given to the Veterans Affairs committees in the House and the Senate "has about 35 names on it. I've got another report that has over 1,000" names, McDonald said. McDonald's comments represent a departure from his previous public remarks. At a news conference 6 NOV, he said the VA has proposed disciplinary action — up to an including firing — against more than 40 employees nationwide since June. Those cases are all related to a scandal over long patient wait times and manipulation of records to hide the delays.

At an appearance 7 NOV at the National Press Club, McDonald said the VA has taken or is considering disciplinary action against 5,600 employees over the past year, although aides later clarified that most of those actions were not related to the health-care scandal. "We are very serious about making sure that we hold people accountable," McDonald said. The VA has been under intense scrutiny since a whistleblower reported that dozens of veterans may have died while awaiting treatment at the Phoenix VA hospital, and that appointment records were falsified. Since then problems have been revealed at VA health care sites across the country. The scandal led to the ouster of former VA Secretary Eric Shinseki and to a new law making it easier for veterans to get VA-paid care from local doctors. The agency has been overwhelmed by the influx of veterans from wars in Iraq and Afghanistan, the aging of Vietnam War veterans and expanded eligibility for benefits as a result of exposure to Agent Orange and other problems.

Some Republican lawmakers have criticized the VA for moving too slowly to fire managers involved in covering up wait times and other problems. But McDonald said the agency is moving as fast as it legally can. All VA firings are subject to review by an administrative judge. "We've got to make it stick," McDonald told

CBS. "We propose the action, the judge rules and the individual has a time to appeal." What the VA is "most concerned about is caring for veterans. So if someone has violated our values and we think has done bad things, we move them out," McDonald said. "And that's why we have a lot of people on administrative leave.

We move them out. We don't want any harm to our veterans." Only one of four senior employees recently targeted for removal by the VA has been fired, a fact Republican lawmakers cite in criticizing McDonald's implementation of the new law, which gives McDonald wide authority to fire poor-performing employees and streamlines the appeals process. Two of the targeted employees retired. A third was granted an extension allowing her more time to reply to the VA's decision.

[Source: AP | Matthew Daly | Nov. 7, 2014 ++]

VA Credibility Update ► CVA Commentary on Restoring Trust

In mid-October, just two weeks before Election Day, a CBS News poll revealed the stark reality of Americans' increasingly low opinion of the federal government. The Veterans Affairs Department was the lowest-rated agency on the list, with only 30 percent of Americans saying they believe VA does an "excellent" or "good" job. Why should VA rate so low in Americans' estimation? In large part, it's due to the fact that VA has been embroiled in a series of highly publicized scandals that have exposed how poorly the department serves veterans. Based on the complaints I've heard from the veterans community in my work around the country with the advocacy group Concerned Veterans for America (CVA), I'm convinced that simmering anger at the VA's scandals was one critical factor — among many — in Tuesday's election results.

But it's not just scandals and poor performance that have undermined confidence in the VA. It's the department's handling of those scandals, and the unwillingness to hold those responsible accountable for their failures, that is so damning. For example: What happens to a senior VA executive who pressures lower level employees to falsify scheduling records, retaliates against honest employees who raise questions and pockets six-figure bonuses while veterans can't get doctors' appointments and even die while waiting for care? If you think that person gets fired or faces criminal charges, you're mistaken. The correct answer is this: They

get a six-month paid vacation. That's the case with Sharon Helman, director of the VA's Phoenix Medical Center, who was placed on administrative leave last spring after a whistleblower VA doctor revealed how Phoenix officials had falsified patient wait records. The doctor estimated that as many as 40 Phoenix area veterans may have died while awaiting care.

CVA launched an online clock in August to track Helman's continued employment. At this writing, it's closing in on 200 days and counting. Why pick on a bureaucrat like Helman? Because she's Exhibit A in the case that VA needs to build a culture of accountability centered on getting results for veterans. This summer, it appeared things were getting ready to change at VA. Congress had passed the Veterans Access, Choice and Accountability Act, which included strong accountability measures empowering the VA secretary to fire poorly performing managers. This reform package was signed into law with the enthusiastic support of the veterans' community. How is that reform push faring? So far, not so good. Three months after the new VA reform law took effect, the sum total of VA executives who have lost their jobs stands at ... one. In late October, VA finally got around to terminating James Talton, director of the Central Alabama Veterans Health Care System. Under Talton's leadership, the Central Alabama system was marked by dysfunction and scandal; his termination came after a two-month paid administrative leave.

It's a positive step that Talton has been removed from VA employment, but veterans can be forgiven for wondering why the pace of change at the department is so glacially slow. After three months with only minimal action, and while Helman in Phoenix and other poor performers around the nation remain on the VA payroll, it's critical that veterans, advocacy groups, Congress and the media maintain a sharp focus on VA's implementation of the new accountability provisions. Tuesday's election results, which reflect in part a broad-based unhappiness with the management of the executive branch under its current leadership, should serve as a wakeup call to President Obama and his federal agencies. The American people are weary of incompetence, corruption and a lack of results, and they expect better from Washington. The current administration and Congress have their work cut out for them if they hope to regain the confidence of the American people.

As the president and his allies consider how to rebuild and restore trust in the final two years of his term, they should start with a strong focus on fixing VA by ousting the executives who drove the department into a ditch — and once again placing veterans at the center of the VA mission. [Source: NavyTimes | Pete Hegseth | November 06, 2014 ++]

MyVA Plan ► SECVA Department Reorganization Plan

Veterans Affairs Department officials will add a new customer service branch and a national network of veteran advisory councils in what is being touted as the largest restructuring of the department in its history. The moves come after months of scandal within the department and promises from VA Secretary Bob McDonald of a new "veteran-centered" culture throughout the bureaucracy. The former Proctor & Gamble CEO dubbed the reorganization his "MyVA" plan, another phase of ongoing efforts to add a personal touch to VA operations. The moves announced 10 NOV do not include any employee dismissals, although McDonald repeatedly has promised such actions in public appearances. In a "60 Minutes" interview that aired Sunday, he said at least 35 employees face firing in coming days and more than 1,000 others could face other discipline. But lawmakers have criticized his actions as too slow and cautious, and openly mocked his promises of more department accountability when only one senior department executive has been fired despite dozens of ongoing administrative and criminal investigations.

On CNN, McDonald described the changes as "embracing veterans, giving them a warm hug and the care they need." Elements of the plan include:

- VA's new customer service branch, led by a chief customer service officer who reports directly to McDonald, is designed to "drive VA culture and practices to understand and respond to the expectations of our veteran customers." The moves come after a three month listening tour by McDonald, in which the new secretary collected criticism and ideas for improvement from patients and department employees.
- To keep those ideas coming, VA also will set up an online suggestion box.

- The veterans advisory councils will include state and local advocates as well as VA employees, to offer additional improvements to local and national operations.
- VA officials promised a single regional framework for operations that will "simplify internal coordination" and "allow veterans to more easily navigate VA without having to understand our inner structure." No details were immediately available on what those changes would mean for staffing, benefits processing or availability of medical care appointments.
- McDonald promised to update internal business processes to cut costs, increase productivity and better serve veterans. That includes "options used in the private sector to enhance our rapid delivery of services."
- The department has stood up a new digital services team to increase VA's technical offerings. Officials said the team will include "some of the nation's top technologists," but no formal hires have been announced.

News of the restructuring came just hours before Veterans Day, with lawmakers and veterans groups given little advance notice of the massive changes. Members of Congress have been critical of similar unexpected announcements in recent weeks, noting that the department's lack of transparency was at the root of recent care delay and mismanagement scandals. But VA officials insist they are working to overcome that image, sharing more data on patient wait times and personnel actions in recent months. On 7 NOV, during a National Press Club event in Washington, D.C., McDonald struck back at critics who said the department isn't changing fast enough, saying he is still heartbroken over its past mistakes. He also labeled some of the questions over employee dismissals and ongoing investigations as "shenanigans going on for political purposes" rather than constructive criticism. "Any veteran outcome that's adverse in our facilities, I take personally," he said. "That's all you need to know." [Source: MilitaryTimes | Leo Shane | Nov 10, 2014 ++]

Vet Toxic Exposure ~ Lejeune ► List of Victims Growing

Veterans who were exposed to toxic contaminants during their service are increasingly becoming casualties in a war with the government—particularly the Veterans Affairs Department—which they say has a record of delaying and

denying benefits promised to them by acts of Congress. The list of victims is growing, especially among former Marines who spent time at Camp Lejeune in North Carolina when the drinking water was tainted with carcinogens for decades from hazardous-waste dumping at one of the largest military bases in the country. At least two men who were assigned to Camp Lejeune when the water was contaminated died in the past year from breast cancer, which is extremely rare in males; another is dying of lung cancer his doctor says was caused by the base's poisoned water; and another says he cannot afford treatment for liver cancer he believes stems from chemical exposure at Camp Lejeune.

The tragedies are occurring despite a law signed by President Obama in 2012 providing VA health care for Marines and family members who lived at Camp Lejeune for three or more months between 1957 and 1987 and have since incurred any of 15 specific diseases, including breast, liver, and lung cancer. Not a single veteran or family member has yet received the full coverage guaranteed by the law because the VA spent two years drafting regulations for how it will be provided. The new rules were finally issued in September and went into effect this week. "The Department of Veterans Affairs is committed to providing the best care for veterans and families related to Camp Lejeune historical drinking water contamination, as required by law," the VA said in announcing the regulations last month. The VA did not respond to a request for comment for this story.

Meanwhile, victims of illnesses linked to Camp Lejeune's water who have sued the government for damages were dealt a devastating blow this month when a federal appeals court ruled that a North Carolina environmental law prevents them from filing claims more than 10 years after the last act of contamination at the base. Poisoned wells at Camp Lejeune were shut down in 1985, and even though many of the health effects from drinking the tainted water did not show up until long after 1995, the Obama administration argued that the North Carolina "statute of repose" took precedence over the federal Superfund law, which allows lawsuits against polluters for up to two years after the discovery of harm caused by their pollution.

The Supreme Court sided with the government in June, effectively blocking claims filed by Camp Lejeune victims after 1995. "Where else do you have a president who signs a law acknowledging we were poisoned by our government and then

less than two years later, that same administration used a legal technicality to exempt itself from the consequences of their disregard of the environment," said Mike Partain, a Florida man who was born at Camp Lejeune in 1968 and was diagnosed with breast cancer in 2007. "Only in America."

Male breast cancer is among the many horrible legacies of Camp Lejeune, where a dozen wells serving some of the base's most populated areas contained the industrial cleaning solvents TCE and PCE, benzene from fuel leaks, and other highly toxic chemicals from at least the mid-1950s until the tainted wells were shut down in 1985. Hundreds of former Marines who were stationed at the base when the water was contaminated blame the pollution for premature deaths and life-threatening illnesses in their families. One of the leaders of victims seeking compensation, former drill instructor Jerry Ensminger, lost a 9-year-old daughter who was conceived at Camp Lejeune to leukemia in 1985.

As many as a million people lived and worked at Camp Lejeune over the several decades that the drinking water was contaminated, and as of this summer more than 13,600 veterans and nearly 1,200 of their family members have inquired about coverage for health problems they believe are related to their exposure, according to the VA. Many others may not even be aware that toxic chemicals at the base caused them harm years later. More than 15,000 babies born at Camp Lejeune could have been exposed in utero or very early in their lives, but neither the Marine Corps nor the VA has attempted to notify all of them, said Chris Orris, a Denver auditor who was born at Camp Lejeune and nearly died from a heart defect that was discovered three years ago when he was 36 years old. "Between my two parents, they did 56 years in the Marine Corps, and I'd never heard about the toxic water at Camp Lejeune until 2011, when all of a sudden I started becoming weak, and nobody could figure out why," Orris said in June when he joined a panel that is advising federal health officials studying the problems at the base.

After surgery that saved his life in 2012, Orris said he learned that Obama signed a law that August guaranteeing full health coverage through the VA for any of 15 illnesses that could be linked to the water at Camp Lejeune. But it took the VA until this month to put rules into effect for providing health care—with no copayments—to affected veterans and family members. The VA said it will now begin reimbursing veterans who paid for treatment of any of the listed illnesses

after Aug. 6, 2012, the date Obama signed the law, and family members who paid for treatment after March 26, 2013, the date Congress appropriated money for the program. The coverage would have been helpful for Peter Devereaux and Tom Gervasi, two former Marines who died in the past year from complications caused by male breast cancer. Devereaux, of North Andover, Mass., died in August at age 52 after a six-year battle with metastatic breast cancer; he was stationed at Camp Lejeune from 1980 to 1982. Gervasi, who joined the Marines out of high school in Rochester, N.Y., and served at Camp Lejeune in the mid-1950s, died last December of breast cancer that had spread to his bones; he was 77. The two were among more than 80 men who spent time at Camp Lejeune and were later diagnosed with breast cancer, a disease that will only affect an estimated 2,360 men nationwide in 2014, according to the American Cancer Society. Devereaux and Gervasi were among the few male breast cancer victims the VA has acknowledged were sickened by the water at Camp Lejeune—both were granted disability benefits after years of appeals to the VA. According to VA statistics, only 27 percent of former Marines who have sought disability payments for male breast cancer have been granted benefits, while 76 percent of women veterans with breast cancer have received disability benefits. The VA says it is still awaiting studies by the federal Centers for Disease Control and Prevention to help determine whether male breast cancer is linked to the contaminated water at Camp Lejeune. The studies have been in the works for years. Many other veterans are fighting the VA for help with illnesses they believe were caused by Camp Lejeune's water.

Calvin Hopper of Decatur, Ala., received a letter from an oncologist clearly stating that his small-cell lung cancer was caused by the contaminated water at Camp Lejeune, where he was stationed in the early 1980s, but he has repeatedly been denied disability benefits by the VA. Another former Marine, John Flynn, wrote to the VA in September after it published the pending rules for providing health coverage to Camp Lejeune victims. "I was stationed at Camp Lejeune for approximately two years, 77-79," wrote Flynn, who did not give his home address. "I have suffered many ailments rendering me unable to work, difficult to exist. I have been diagnosed with Liver Cancer I have been told that I am dying. I haven't seen a doctor in two years. I have no insurance or Money. I need your help ASAP. Please."

A slide presentation obtained from the VA suggests that staffers there are being trained to deny benefits to Camp Lejeune victims whenever possible. "If a clinician comes to the conclusion that it is more likely than not that the patient's medical condition is due to causes other than exposure to contaminated water at Camp Lejeune, then VA should not waive copayments for veterans or reimburse care for [family members]," said one of the slides prepared for staff training by Terry Walters, the VA's deputy chief consultant on postdeployment health. Some veterans have also been met with blank stares in VA offices when they ask about reimbursement of medical costs for diseases related to Camp Lejeune. Lea Ann Andersen, a former Marine stationed at Camp Lejeune in 1976, said she has two of the 15 illnesses covered by the 2012 law, but was told by VA officials at the office in Austin, Texas, that they had never heard about the toxic water at Camp Lejeune. She said she is still being billed for treatment costs not covered by her own private insurance.

Walters, who trains VA staffers across the country how to handle health claims, recently told the advisory panel on Camp Lejeune studies that the education process is slow and tedious. "And I have no control over separate divisions or 15 separate VA medical centers," she said. Camp Lejeune veterans are not alone in battling the VA for health coverage and disability benefits for diseases they believe were caused by toxic chemical exposures in the military. Former Air Force crews who flew C-123 transport planes contaminated with Agent Orange during the Vietnam War are continuing to fight for compensation for illnesses they believe were caused by the exposure. And thousands of Iraq and Afghanistan veterans who say they have health problems caused by breathing toxic fumes from open burn pits used during the wars say they regularly are denied disability benefits by the VA. [Source: National Journal | Mike Magner | November 02, 2014 ++]

VA Implements Second Phase of Choice Card Program

Washington, DC – The Department of Veterans Affairs (VA) today announced that it began mailing Veterans Choice Cards on November 17 to Veterans currently waiting more than 30-days from their preferred date or the date that is medically determined by their physician for an appointment at a VA facility.

“VA continues to focus on implementation of this new temporary benefit so that Veterans receive the timely quality care they need in a way that reduces confusion and inefficiencies,” said Secretary Robert A. McDonald, who penned an open letter to Veterans announcing the implementation of the Choice Card program.

The Choice Program is a new, temporary benefit that allows some Veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility. The first round of cards along with a letter explaining the program was issued on November 5 to Veterans who are eligible based on their place of residence. VA is now engaging in the next phase of its rollout –eligibility explanation letters are being sent to Veterans waiting more than 30 days from their preferred date to be seen or considered medically necessary by their physician.

To improve service delivery, VA has prioritized efforts to accelerate Veterans off of wait lists and into clinics through the Accelerated Care Initiative begun over the summer. Through this initiative, VA medical centers have increased access to care inside and outside of VA, added more clinic hours and work days, deployed mobile medical units and shared their best practices from VA’s high-performing facilities throughout the organization.

Significant improvements have resulted nationally:

- Scheduling more than 1.2 million more appointments in the past four months than in the same period last year. In total, VA medical centers have scheduled over 19 million Veteran appointments from June to October 1, 2014;
- Reducing the national new patient Primary Care wait time by 18 percent;
- Completing 98 percent of appointments within 30 days of the Veterans’ preferred date, or the date determined to be medically necessary by a physician;
- Authorizing 1.1 million non-VA care authorizations, a 47-percent increase over the same period last year; and
- Increasing the amount of time providers could deliver care to Veterans by increasing the amount of clinic hours in primary and specialty care and through adding weekend and evening clinics at our medical centers.

VA is America's largest integrated health care system with over 1,700 sites of care, serving approximately 9 million Veterans enrolled in health care services.

The Choice Program is part of the Veterans Access, Choice, and Accountability Act of 2014 (VACAA), enacted nearly three months ago, to enable VA to meet the demand for Veterans' health care in the short-term.

Senators Join House with Veteran Anti-Suicide Bill



Nov 18, 2014 | by Bryant Jordan

A bipartisan group of Senators has introduced legislation they say will combat suicide among veterans by improving and consolidating current suicide prevention programs and eliminating those considered ineffective. The bill also aims to attract more psychiatrists to work at the Department of Veterans Affairs, make it easier for those needing mental health care to find it, and improve the exchange of anti-suicide training and best practices among the VA, Defense Department, veterans service organizations and non-profit mental health providers.

"Our nation has a long way to go to decrease the rate of suicide among our veterans and we must do much better in fulfilling our responsibilities to care for those who have risked everything on behalf of their fellow Americans," the group of Senators said in a statement released by Sen. John McCain, R-Arizona, one of the sponsors.

The Senate Veterans Affairs Committee is expected to take up the bill on Wednesday. The bill is modeled after one filed in July by Rep. Tim Walz, D-Minnesota.

Walz spokesman Tony Ufkin said the House Veterans Affairs Committee will also take up the House version on Wednesday. Both are called the Clay Hunt Suicide Prevention for American Veterans Act, named for a 28-year-old Marine veteran of the Iraq War who killed himself in March 2011.

"Rep. Walz knows that no bill will completely end veteran suicide [but this] is a step in the right direction and will improve mental health care for our veterans," Ufkin said. Walz's co-sponsors include Reps. Jeff Miller, R-Florida, chairman of the

Veterans' Affairs Committee, and Tammy Duckworth, D-Illinois, an Iraq War vet and member of the House Armed Services Committee.

Hunt's death came as a particular shock to many because he had become deeply involved in suicide prevention programs.

Both the Senate and House bills, if passed, will provide additional resources for vets suffering from mental health disorders, its advocates said.

"It will ensure that existing suicide prevention programs are reviewed to determine which ones work and get rid of those that don't, improve collaboration between the Department of Veterans Affairs and [veterans groups], and provide incentives to attract more psychiatrists to treat veterans through the VA," the statement said. The bill would try and bring in psychiatrists by providing a loan repayment program.

Co-sponsors of the Senate version are Richard Burr, R-North Carolina and ranking member of the Senate veterans committee, Richard Blumenthal, D-Connecticut, Barbara Murkowski, D-Maryland, and Joe Manchin, D-West Virginia.

Congresswoman Duckworth's Legislation to Help Prevent Veteran Suicide Passes House Veterans Affairs Committee

Washington, DC (ENEWSPP)--November 20, 2014. Yesterday, bipartisan legislation introduced by Chairman of the VA Committee, Representative Jeff Miller (R-FL), Representative Tammy Duckworth (D-IL) and Representative Tim Walz (D-MN) to help prevent Veteran suicide, passed the House Veterans Affairs committee. Earlier this week, the legislation received significant bipartisan support in the Senate. The Clay Hunt Suicide Prevention for American Veterans (SAV) Act, is a comprehensive bill to prevent Veteran suicide and help our nations heroes who may be struggling get the care and support they need. According to statistics, it is estimated that 22 Veterans are lost to suicide each day.

The legislation will help address the Veteran suicide epidemic in our nation by, among other things:

- Requiring an independent, third party to annually review both the Department of Defense's and VA's mental health care and suicide prevent programs to find out what's working and what's not working and make recommendations to improve care;
- Reviewing potentially improper discharges that may have been due to a mental health injury so that Vets can get full access to the care they earned—this language is similar to Walz's previous bill, HR 975, the Servicemembers Mental Health Review Act;
- Requiring the VA to create a one-stop, interactive website to serve as a centralized source of information regarding all mental health services for Veterans;
- Addressing the shortage of mental health care professionals by creating an education loan repayment pilot program to incentivize mental health care professionals to fill openings and help Veterans get the care they need;
- Expanding the Yellow Ribbon Program to increase the G.I. Bill benefit for those Veterans that pursue a graduate degree in mental health; and
- Creating a pilot program to assist Veterans in community reintegration.

Congresswoman Duckworth submitted written testimony in support of the SAV ACT.